

CARES Planning Initiatives



VISN 5 – VA Capitol Health Care Network





Presentation Outline



VISN Overview



VISN-Level Issues

- Special Disability Programs
- Effective Use of Resources
 - Proximity
 - Vacant Space
- VISN/PI Team Identified Issues
- Collaborative Opportunities
- Nursing Home Care



VISN Markets (3)



Market Planning Initiatives

- Access
- Inpatient
- Outpatient
- Small Facility Planning Initiative

VISN 5 Overview

✦ Enrollees

- Projected to increase by 13% from FY 2001 level to FY 2022

✦ Planning Initiatives (PIs)

- Access
 - No Markets have PIs related to access in Primary, Hospital or Tertiary Care.
- Inpatient Demand
 - One Market has 1 PI related to increased inpatient demand
 - One Market has 1 PI related to decreased inpatient demand
- Outpatient Demand
 - Three Markets have a total of 6 PIs related to increased outpatient demand
- Small Facility
 - No facilities are projected to require fewer than 40 acute care beds

VISN 5 Overview

Other VISN-Level Issues

- Proximity
 - Two Acute Care facilities are within the 60-mile standard of facilities within and outside the VISN.
 - Three Tertiary Care facilities are within the 120-mile standard of facilities within and outside the VISN.
- VISN/PI Team Identified Issues
 - Nursing Home Care Facility Condition Planning Initiative
 - Inpatient Mental Health Planning Initiative
- Collaborative Opportunities
 - VBA, Enhanced-Use Lease Opportunities, DoD

VISN Overview

Nursing Home Care:

- The need for NHCU care remains high over the planning period. However, the NHCU component of VA's LTC Planning Model is in process of review to update the projections.
- Market Plans shall still consider any space and/or capital needs for NHCU care needs, such as realignment, renovations and conversion of space.



Domiciliary Policy

- ✂ The forecasting model results in the redistribution of beds from existing DOMs to other areas without DOMs.
- ✂ Since this occurred without a policy review, it is inappropriate to select DOM Pls from these forecasts.
- ✂ However, DOMs may and should be included in Market Plans to reuse vacant space or as a result of realignments (especially when homelessness or residential rehab is the focus of Dom bed use).



Outpatient Mental Health

- ✦ The forecasting model results in a systematic reduction in forecasted outpatient mental health visits.
- ✦ We are working to understand the dynamics of the model that results in this outcome.
- ✦ As a result, negative outpatient Mental Health Planning Initiatives will not be proposed or selected for Market Plan development.

VISN 5 – Issues

Special Disability Programs

- ✦ **Blind Rehab:** Peak of legally blinded veterans in 2009 at 4,601 (from 4,153 in '01) & ↓ to 4,230 veterans in '25. Consider space planning for blind rehab programs (i.e., VISORS, VICTORS, low vision clinics, BROS, & VIST).
- ✦ **SCI:** No recommendations.
- ✦ **Mental Health (SCMI, PTSD, SA):** Address capacity ↓s in PTSD, SA, and Homeless. [see grid]
- ✦ **TBI:** no specific recommendations.

VISN Level Issues

Effective Use of Resources – Proximity

- ☛ Acute Care Hospitals with similar missions that are within 60 miles of each other:

PI?	Facility Name	Second Facility Name	Miles	Rationale
N	Perry Point, MD	Wilmington, DE (VISN 5)	35	With the recent VA Maryland HCS mission changes in FY2002, the Perry Point is LTC and Psychiatry. Perry Point is not an acute care hospital.
N	Perry Point, MD	Baltimore, MD	42	Perry Point and Baltimore have different missions that do not overlap. Perry Point is primarily LTC and Psychiatry.
N	Baltimore, MD	Washington, DC	36	These two major metropolitan cities justify the need for two sites for acute care services.

VISN Level Issues

Effective Use of Resources – Proximity

✶ Tertiary Care Hospitals within 120 miles of each other:

PI?	Facility Name	Second Facility Name	Miles	Rationale
Y	Baltimore, MD	Washington, DC	36	While the two major metropolitan areas of Baltimore and Washington DC support two facilities, VISN 5 will explore Centers of Excellence between the two sites.
N	Baltimore, MD	Philadelphia, PA (VISN 4)	103	The travel time distances with traffic patterns are prohibitive to shared services.
N	Washington, DC	Richmond, VA (VISN 6)	116	The travel time distances with traffic patterns are prohibitive to shared services.

VISN Level Issues

Effective Use of Resources – Space

- ✦ Current Vacant Space:
377,381 square feet
- ✦ Once the future workload demand data is translated into future space needs, any excess space that is identified will be added to the Vacant Space pool.
- ✦ The final Planning Initiative for all VISNs will be to reduce this total Vacant Space pool by at least 10% beginning in FY2004 and 30 % in FY2005.



VISN Level Issues

PI Team Identified Issues

- ✦ Listed below are Planning Initiatives brought to the table for consideration by the VISN:
1. Nursing Home Care Facility Condition : VISN 5 recommends a Planning Initiative to replace the Perry Point Nursing Home Care Unit. CARES NH/Intermediate data, although not being used in this round to develop Planning Initiatives, does support the need to sustain this program. The Facility Condition Assessment for the the Nursing Home Unit at Perry Point scores averaged D (failing), which indicate system deficiencies. Space and Functional scores averaged 2 (unacceptable) indicating poor functional layout.
 2. Inpatient Mental Health Realignment: VISN 5 would like to develop a VISN-wide Planning Initiative for inpatient mental health services. The CARES data does not reflect the impact on the large psychiatric and homeless populations in the Washington/ Baltimore areas.

VISN Level Issues

Collaborative Opportunities

✦ The following collaborative opportunities have been identified for VISN 5 to consider when completing Market Plans:

- VBA

- VISN 5 would like VBA to consider co-location at Washington, DC.
- VISN 5 would like VBA to consider expanding Martinsburg's OneVA initiative for Vocational Rehabilitation services and develop new initiatives at Baltimore, MD and Washington, DC.

- NCA identification of areas they would like to expand:

- No sites identified by NCA.

- Enhanced-Use possible opportunities for vacant space:

- Fort Howard, MD is listed on the top 15 "High Potential Enhanced-Use Lease Opportunities."
- Washington, DC is also listed on the top 15 "High Potential Enhanced-Use Lease Opportunities."
- Possible Enhanced-Use opportunities at Perry Point, MD.

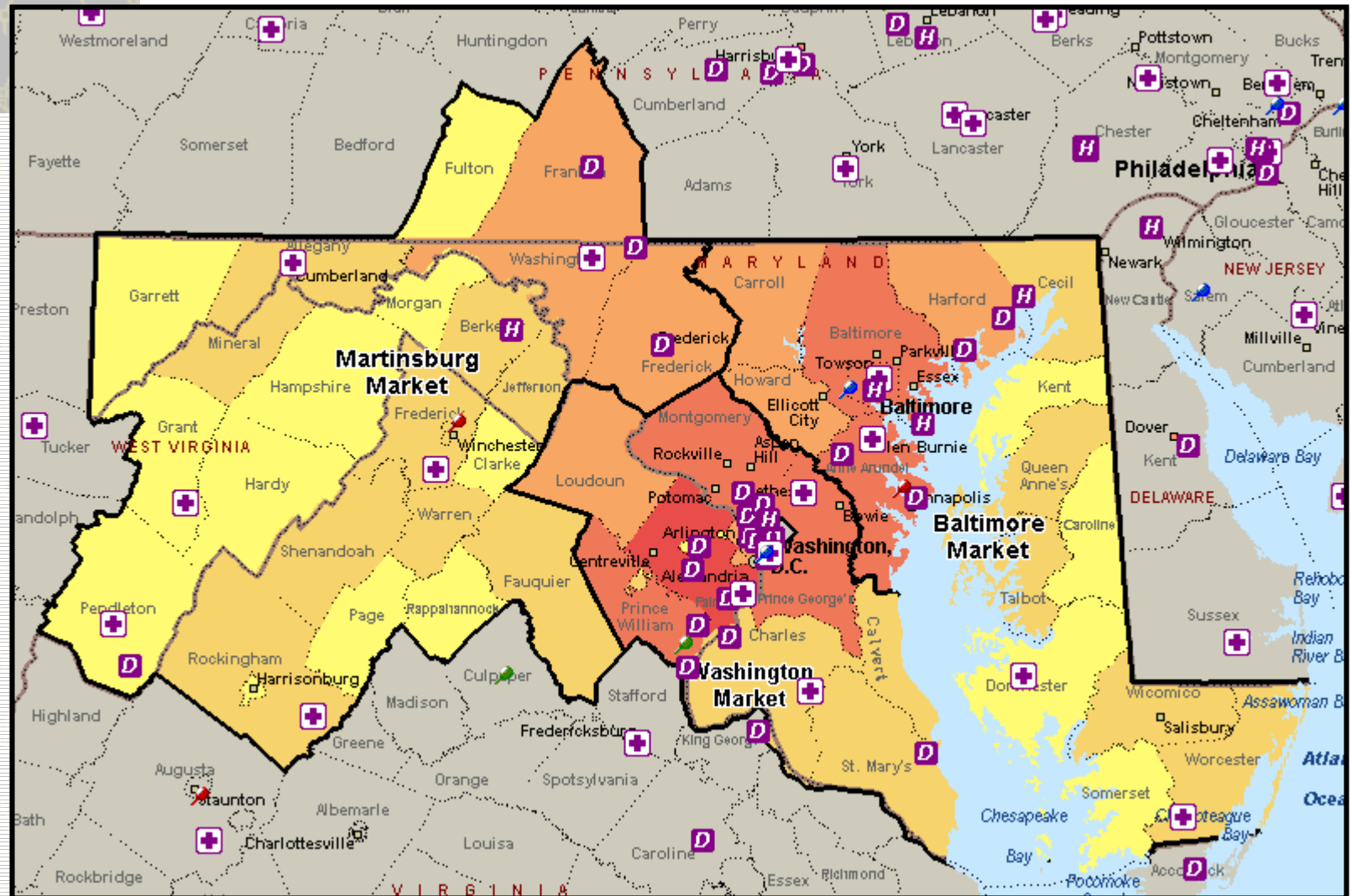


Collaborative Opportunities Continued:

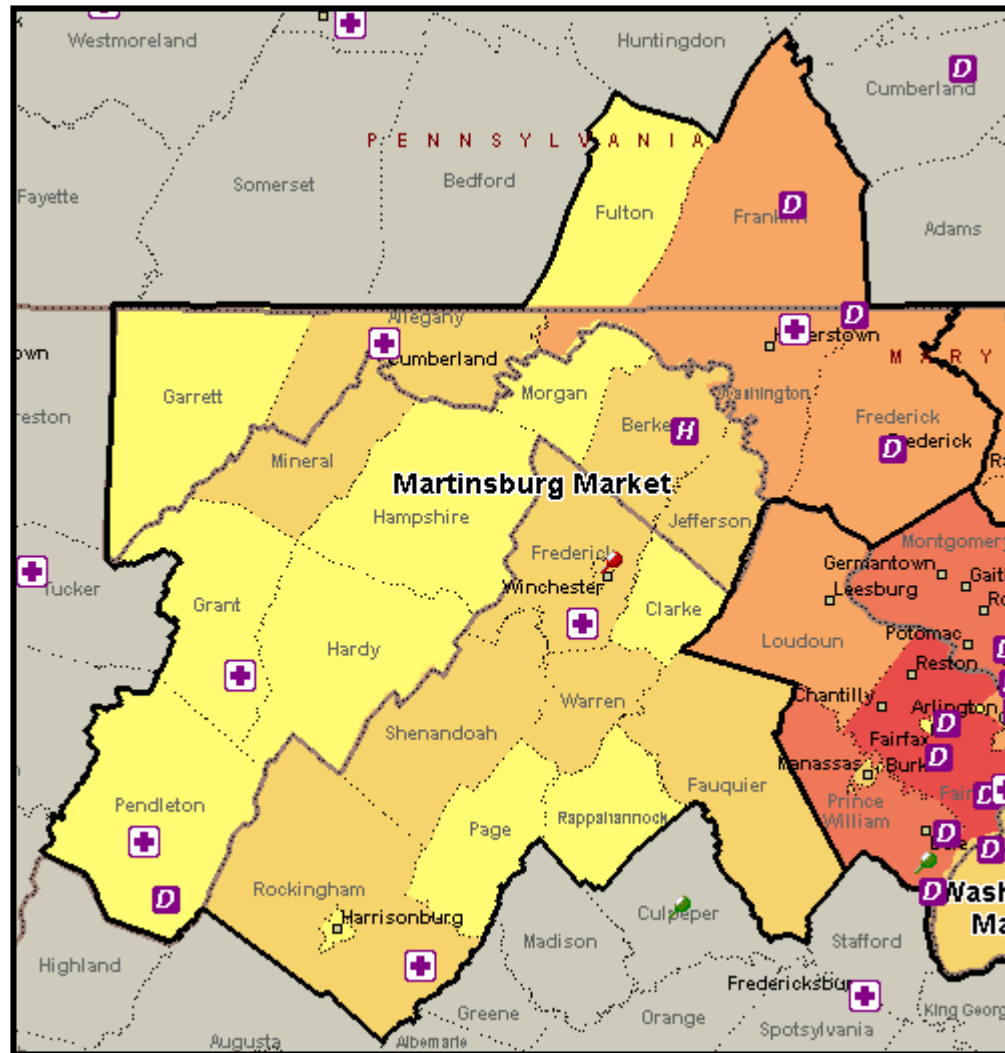
— DoD

- Share VA technology for Electronic Medical Record for improved VA/DoD communications.
- Joint Venture Community Based Outpatient Clinics at Fort Belvoir, Fort Detrick and Fort Meade.
- Investigate opportunities to develop Centers of Excellence.
- Review contracted medical care for possible joint VA/DoD actions.
- Possible VA/DoD Conference/Education Center in the DC area.
- Investigate opportunities for VA/DoD Reference Lab.
- Sharing High Tech/High Cost equipment.
- Sharing of laundry services and incinerator for medical waste.
- Joint venture working with US VETS for Residential Care Housing.

VISN 5 Markets



Martinsburg Market



VISN 5 Martinsburg Market

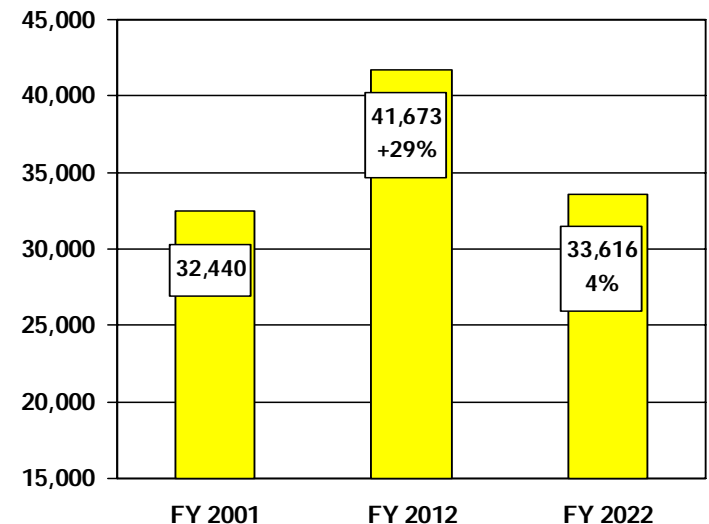
✦ Description of Market Area:

- VAMC Martinsburg, West Virginia serves the Martinsburg Market. Martinsburg supports six CBOCs. Although the Martinsburg Market is the largest of the three VISN 5 markets in size, it provides services to less than 20% of the VISN's enrollees. Of the 23 counties comprising the Martinsburg Market, eight are urban, eight are rural, and seven were identified as highly rural (less than 50 vet pop/square mile).

– Medical Centers:

- Martinsburg, WV

*Number of Enrollees By Year
(With % Change from FY 2001)*

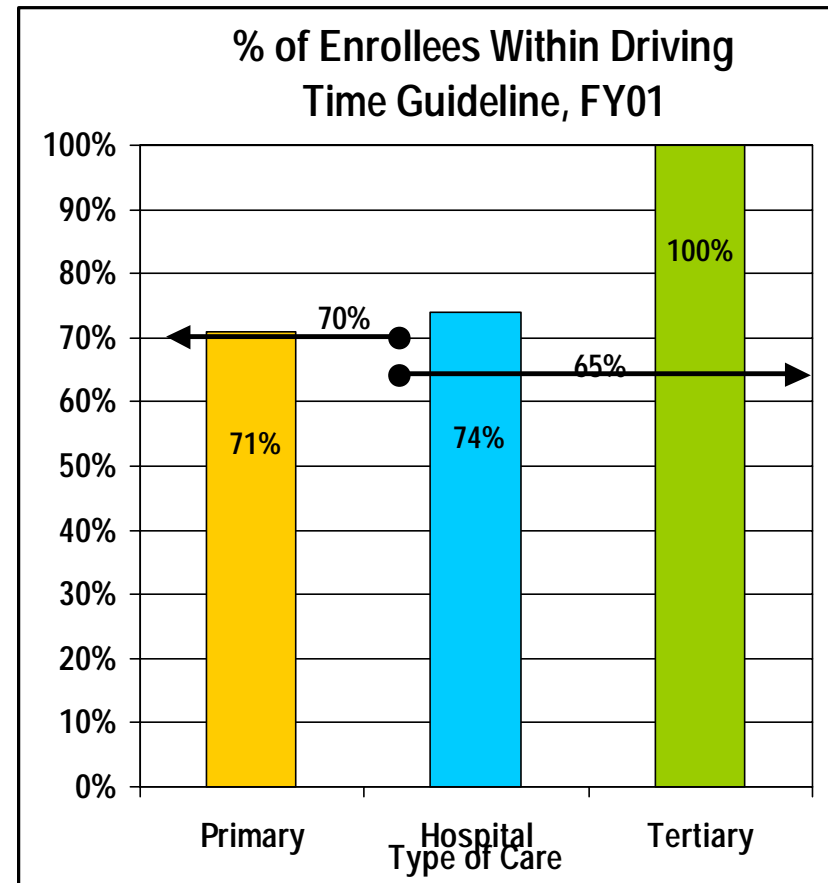


VISN 5 Martinsburg Market CARES Planning Initiatives

🔦 Access

- Primary Care: 71% of the veterans residing within the Market are within the Access Guidelines
- Hospital Care: 74% of the veterans residing within the Market are within the Access Guidelines
- Tertiary Care: 100% of the veterans residing within the Market are within the Access Guidelines

Identified as a CARES Planning Initiative.



➡ This represents the Travel Time Guideline.

*NOTES: Significant Gaps are determined by first applying the percentage threshold and then a volume criteria.

VISN 5 Martinsburg Market CARES Planning Initiatives

Workload Gaps:

CARES Workload Category	Type of Gap	FY2012 Gap	FY2012 % Var.	FY2022 Gap	FY2022 % Var.	Workload Criteria*
Outpatient Specialty Care	Population Based	57,650	89%	37,360	58%	+/- 30,000
	Treating Facility	73,104	113%	53,006	82%	
Primary Care	Population Based	42,089	46%	14,101	16%	+/- 26,000
	Treating Facility	56,895	54%	25,609	24%	

VISN 5 Martinsburg Market CARES Non-PI Workload Gaps

Workload Gaps:

CARES Workload Category	Type of Gap	FY2012 Gap	FY2012 % Var.	FY2022 Gap	FY2022 % Var.	Workload Criteria*
Inpatient Medicine	Population Based	9	22%	-3	-7%	+/- 20
	Treating Facility	10	25%	-1	-2%	
Inpatient Psychiatry	Population Based	8	32%	1	2%	+/- 20
	Treating Facility	9	43%	1	3%	
Inpatient Surgery	Population Based	6	52%	2	16%	+/- 20
	Treating Facility	2	46%	1	14%	
Outpatient Mental Health	Population Based	10,955	37%	1,819	6%	+16,000
	Treating Facility	5,770	14%	N/A	N/A	

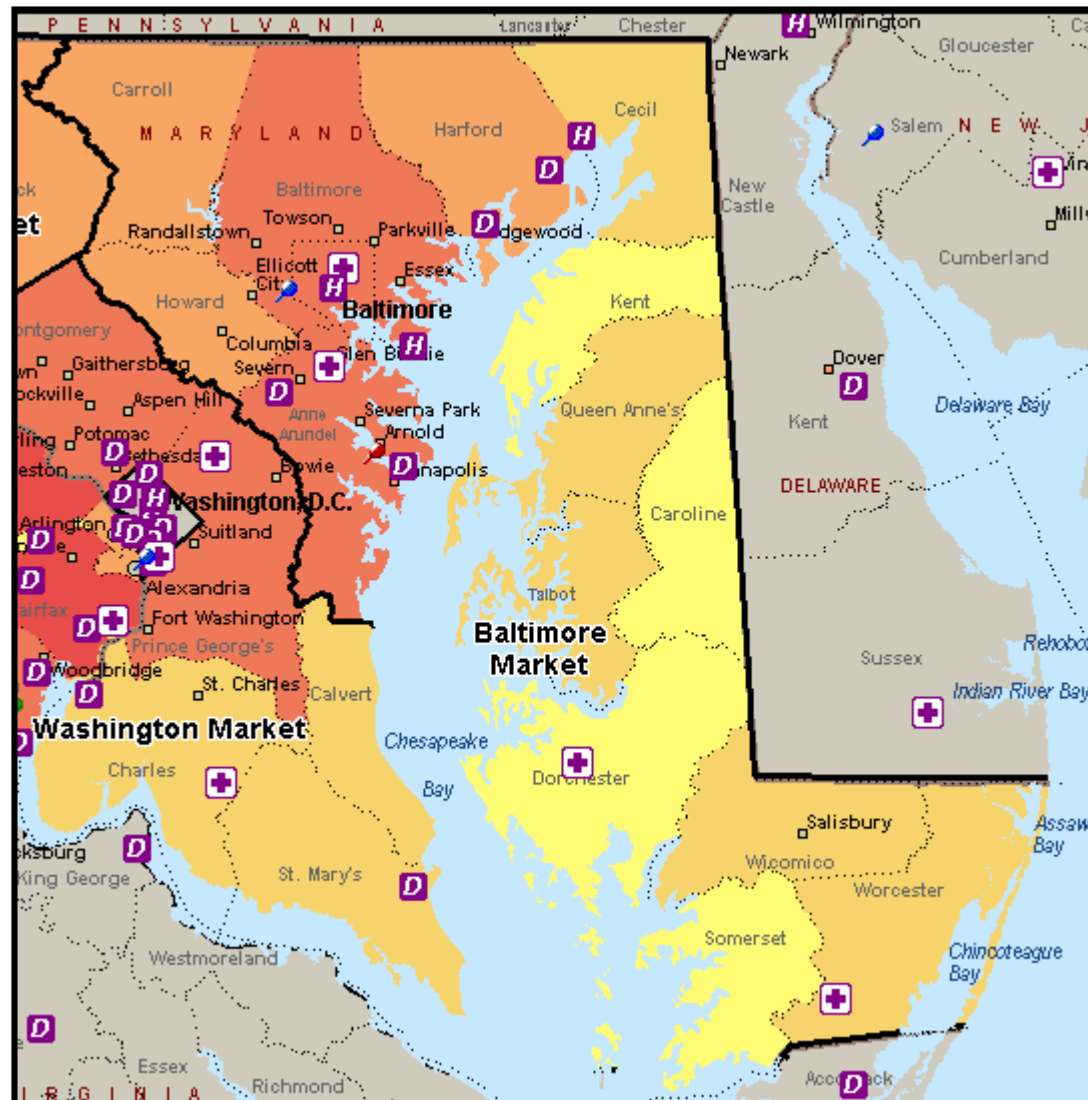
VISN 5 Martinsburg Market CARES Planning Initiatives

Small Facility Planning Initiative:

- The following facilities were projected to have less than 40 beds in FY 2012 and/or 2022.

PI?	Facility Name	FY2012 (Beds)	FY2022 (Beds)	Rationale
	None			

Baltimore Market

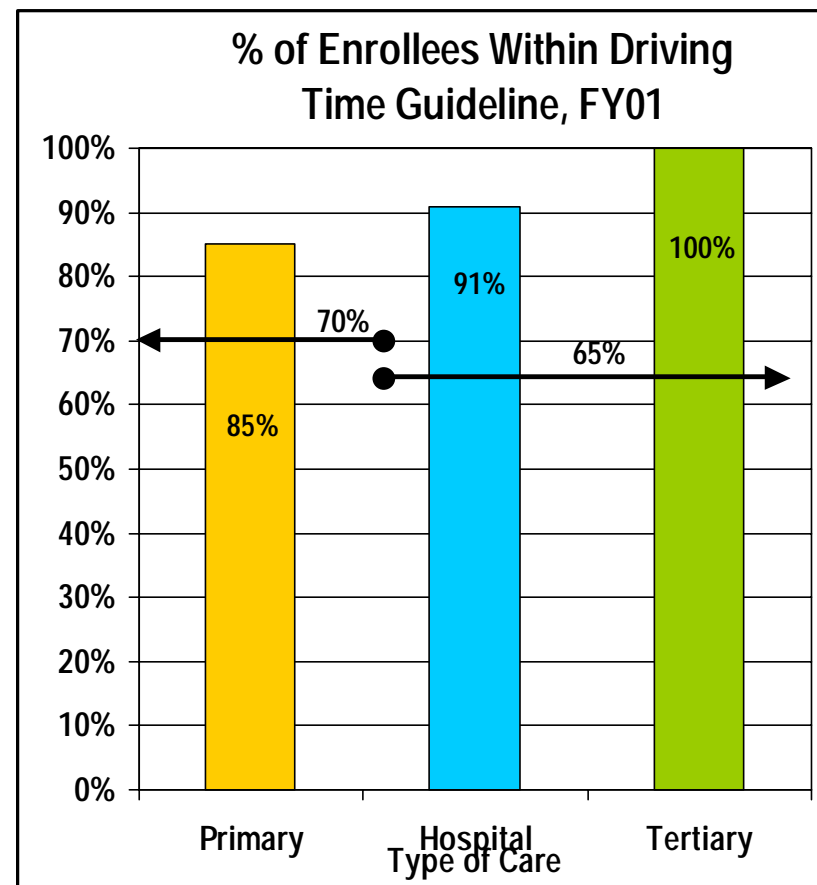


VISN 5 Baltimore Market CARES Planning Initiatives

🌟 Access

- Primary Care: 85% of the veterans residing within the Market are within the Access Guidelines
- Hospital Care: 91% of the veterans residing within the Market are within the Access Guidelines
- Tertiary Care: 100% of the veterans residing within the Market are within the Access Guidelines

Identified as a CARES Planning Initiative.



➡ This represents the Travel Time Guideline.

*NOTES: Significant Gaps are determined by first applying the percentage threshold and then a volume criteria.

VISN 5 Baltimore Market

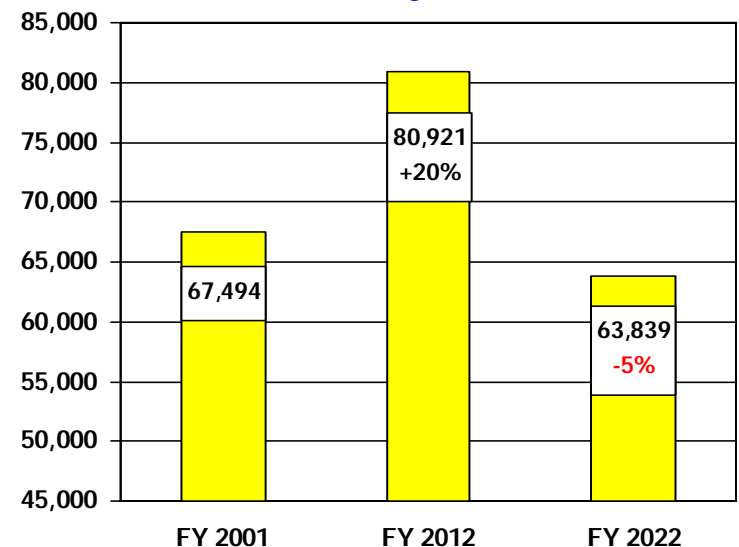
✦ Description of Market Area:

- The VA Maryland Health Care System is the three campus system that serves the Baltimore Market. VAMHCS supports five CBOCs, two of which serve the Maryland Eastern Shore. Of the total 15 counties in this Market, the Eastern Shore comprises 8 rural counties, accounting for 13% of the market enrollees. The Bay Bridge provides access from the Eastern Shore counties with an identifiable referral pattern to the Baltimore Medical Center. The remaining seven counties surround the Baltimore Metro area and the northeastern quadrant of Maryland along US 95.

– Medical Centers:

- VA Maryland Health Care System
 - Baltimore (Tertiary Care)
 - Perry Point
 - Fort Howard (Outpatient)

*Number of Enrollees By Year
(With % Change from FY 2001)*



VISN 5 Baltimore Market CARES Planning Initiatives

Workload Gaps:

CARES Workload Category	Type of Gap	FY2012 Gap	FY2012 % Var.	FY2022 Gap	FY2022 % Var.	Workload Criteria*
Outpatient Specialty Care	Population Based	148,651	119%	101,439	82%	+/- 30,000
	Treating Facility	141,303	111%	95,489	75%	
Inpatient Psychiatry	Population Based	-104	-56%	-128	-69%	+/- 20
	Treating Facility	-72	-28%	-108	-41%	
Primary Care	Population Based	71,609	48%	22,115	15%	+/- 26,000
	Treating Facility	64,838	41%	15,761	10%	

VISN 5 Baltimore Market CARES Non-PI Workload Gaps

Workload Gaps:

CARES Workload Category	Type of Gap	FY2012 Gap	FY2012 % Var.	FY2022 Gap	FY2022 % Var.	Workload Criteria*
Inpatient Medicine	Population Based	0	0%	-26	-25%	+/- 20
	Treating Facility	2	2%	-25	-23%	
Inpatient Surgery	Population Based	1	3%	-8	-24%	+/- 20
	Treating Facility	3	8%	-7	-19%	
Outpatient Mental Health	Population Based	N/A	N/A	N/A	N/A	+16,000
	Treating Facility	N/A	N/A	N/A	N/A	

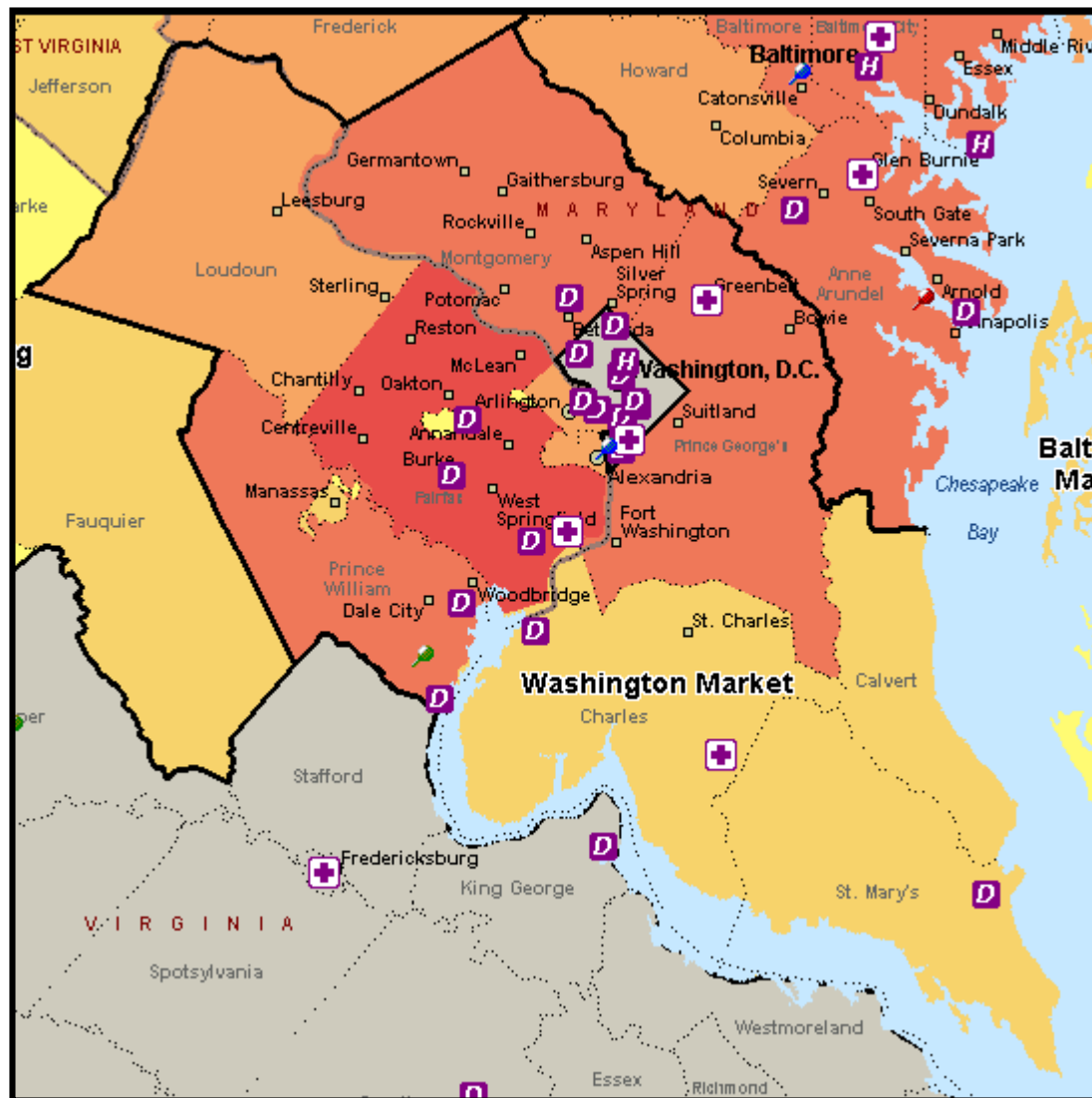
VISN 5 Baltimore Market CARES Planning Initiatives

Small Facility Planning Initiative:

- The following facilities were projected to have less than 40 beds in FY 2012 and/or 2022.

PI?	Facility Name	FY2012 (Beds)	FY2022 (Beds)	Rationale
N	Fort Howard	19	15	Inpatient care at Fort Howard was consolidated at the Baltimore-Loch Raven campus. Fort Howard was converted to a CBOC in FY2002.

Washington Market



VISN 5 Washington Market

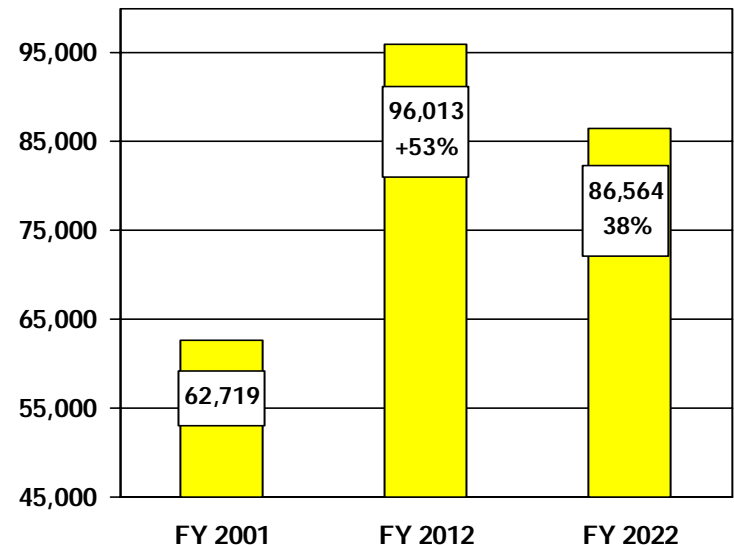
✦ Description of Market Area:

- VAMC Washington serves the Washington Market. Washington supports two CBOCs. VAMC Washington is the preferred site of care for all 15 counties comprising the Washington metropolitan area.

– Medical Centers:

- Washington, DC (Tertiary Care)

Number of Enrollees By Year
(With % Change from FY 2001)

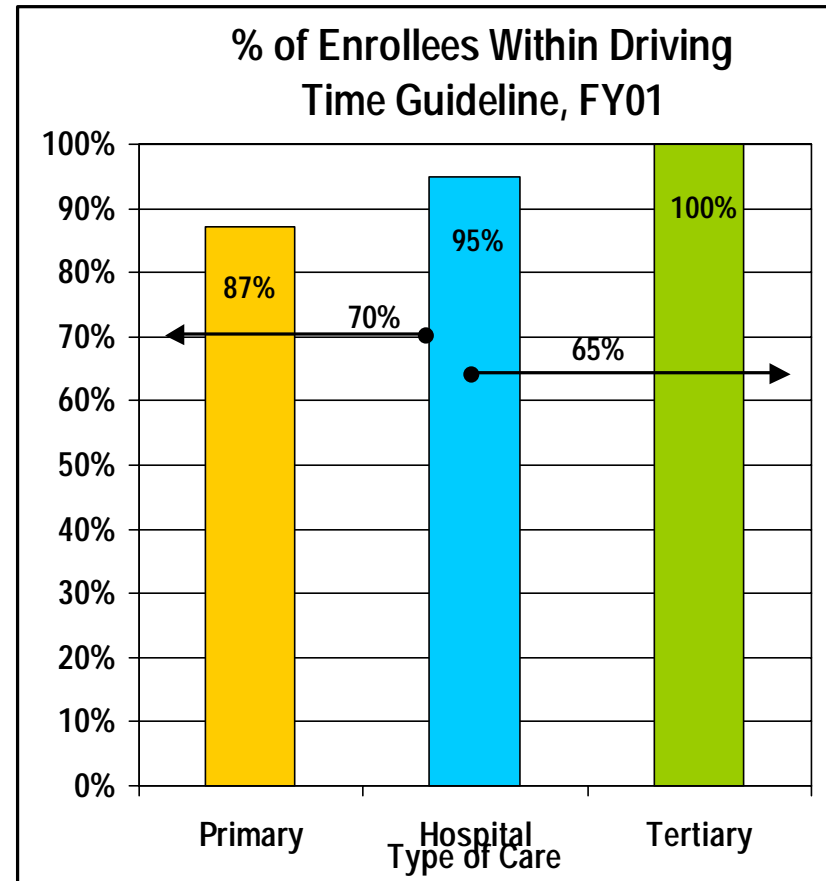


VISN 5 Washington Market CARES Planning Initiatives

🌟 Access

- Primary Care: 87% of the veterans residing within the Market are within the Access Guidelines
- Hospital Care: 95% of the veterans residing within the Market are within the Access Guidelines
- Tertiary Care: 100% of the veterans residing within the Market are within the Access Guidelines

Identified as a CARES Planning Initiative.



*NOTES: Significant Gaps are determined by first applying the percentage threshold and then a volume criteria.

VISN 5 Washington Market CARES Planning Initiatives

Workload Gaps:

CARES Workload Category	Type of Gap	FY2012 Gap	FY2012 % Var.	FY2022 Gap	FY2022 % Var.	Workload Criteria*
Outpatient Specialty Care	Population Based	144,216	115%	130,174	104%	+/- 30,000
	Treating Facility	157,766	127%	138,077	111%	
Primary Care	Population Based	69,703	52%	45,695	34%	+/- 26,000
	Treating Facility	78,418	59%	50,362	38%	
Inpatient Psychiatry	Population Based	27	36%	10	13%	+/- 20
	Treating Facility	10	41%	1	3%	

VISN 5 Washington Market CARES Non-PI Workload Gaps

Workload Gaps:

CARES Workload Category	Type of Gap	FY2012 Gap	FY2012 % Var.	FY2022 Gap	FY2022 % Var.	Workload Criteria*
Inpatient Medicine	Population Based	19	23%	6	7%	+/- 20
	Treating Facility	17	20%	2	3%	
Inpatient Surgery	Population Based	5	19%	1	3%	+/- 20
	Treating Facility	8	24%	1	5%	
Outpatient Mental Health	Population Based	N/A	N/A	N/A	N/A	+16,000
	Treating Facility	N/A	N/A	N/A	N/A	

VISN 5 Washington Market CARES Planning Initiatives

✶ Small Facility Planning Initiative:

- The following facilities were projected to have less than 40 beds in FY 2012 and/or 2022.

PI?	Facility Name	FY2012 (Beds)	FY2022 (Beds)	Rationale
	None			